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Doc# 1634229097 Fee \$50.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

AFFIDAVIT FEE: \$2.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/07/2016 04:04 PM PG: 1 OF 2

QUIT CLAIM DEED

THE GRANTOR, CHARLENE J. FLECK, AS SUCCESSOR TRUSTEE OF THE OSCAR E. LARSON REVOCABLE LIVING TRUST DATED NOVEMBER 7, 1990 AND THE LORRAINE R. LARSON REVOCABLE LIVING TRUST DATED NOVEMBER 7, 1990, of the City of Mokena, State of Illinois for the consideration of Ten Dollars (\$10.00) and other good and valuable consideration paid, to the grantee in hand paid, **CONVEYS and QUITCLAIMS CHARLENE J. FLECK AS TRUSTEE OF THE CHARLENE J. FLECK REVOCABLE LIVING TRUST DATED JANUARY 27, 2011, 20101 S. Kohlwood Drive, Mokena, Illinois 60448**, all interest in the following described real estate situated in Cook County, State of Illinois to wit:

SEE TRUSTEE POWERS:

Permanent Real Estate Index Numbers: 23-33-210-018-1021

Address of Real Estate: 9840 Terrace Court West, Palos Park, Illinois 60464.

Dated this 8th day of August, 2016.

Charlene J. Fleck
 CHARLENE J. FLECK
 SUCCESSOR TRUSTEE

S *yes*
 P *7/28*
 S *L*
 M *No*
 SC *yes*
 E *yes*
 INT *h*

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COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0049636

DATE ISSUED 6/24/2016

DECEDENT'S LEGAL NAME OSCAR E LARSON			SEX MALE	DATE OF DEATH JUNE 18, 2016	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 98 YEARS	DATE OF BIRTH JANUARY 09, 1918		
CITY OR TOWN PALOS HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-7315	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 9840 TERRACE COURT WEST		APT. NO.	CITY OR TOWN PALOS PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60464	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OSCAR E LARSON		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUCILLE B CASPER
INFORMANT'S NAME CHARLENE FLECK		RELATIONSHIP NIECE		MAILING ADDRESS 20101 SOUTH KOHLWOOD DRIVE, MCKENA, IL, 60448	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION HOLY SEPULCHRE CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION JUNE 23, 2016
FUNERAL HOME ROBERT J. SHEEHY AND SONS - ORLAND, 9000 W 151ST STREET, ORLAND PARK, IL, 60462					
FUNERAL DIRECTOR'S NAME ROBERT SHEEHY				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011841	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JUNE 24, 2016	
CAUSE OF DEATH PART I. ACUTE RESPIRATORY DISTRESS/FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. MYOCARDIAL INFARCTION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. FAILURE TO THRIVE			
		c. FAILURE TO THRIVE			
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.					
				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 18, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 05:13 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 24, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ABDUL RAHMAN SAFADI, 12251 SOUTH 80TH AVENUE, PALOS HEIGHTS, ILLINOIS, 60463				PHYSICIAN'S LICENSE NUMBER 036127618	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr

David Orr
Cook County Clerk



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COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0003571

DATE ISSUED 1/16/2014

DECEDENT'S LEGAL NAME LORRAINE R. LARSON		SEX FEMALE	DATE OF DEATH JANUARY 13, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH JULY 14, 1919		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT PALOS HTS WEST		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 0158	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME OSCAR E LARSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9840 TERRACE COURT WEST		APT. NO.	CITY OR TOWN PALOS PARK	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60464	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLES B WALLIS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MATHILDA C HANSEN
INFORMANT'S NAME OSCAR E LARSON		RELATIONSHIP HUSBAND	MAILING ADDRESS 9840 TERRACE COURT WEST, PALOS PARK, IL, 60464	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION JANUARY 17, 2014	
FUNERAL HOME ROBERT J. SHEEHY AND SONS - ORLAND, 9010 W 151ST STREET, ORLAND PARK, IL, 60462				
FUNERAL DIRECTOR'S NAME ROBERT SHEEHY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011841	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 16, 2014	
CAUSE OF DEATH PART I. STROKE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	WEEKS
		b. DEMENTIA		MONTHS
		c.		
Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANS-PORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 11, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:30 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 16, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH HAMDJ KHILFEH, ILLINOIS			PHYSICIAN'S LICENSE NUMBER 036110790	



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



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LEGAL DESCRIPTION

P.I.N.: 23-33-210-018-1021

Property Address:

9840 Terrace Court West
Palos Park, Illinois 60464

PARCEL 1: UNIT EARL-1, LOT 3 AND GARAGE UNIT 3-E-1 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS OF LAKE MARIA CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 88-104882, AS AMENDED FROM TIME TO TIME, IN THE NORTHEAST ONE-QUARTER (1/4) OF SECTION 33, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS CONTAINED IN THE PLAT OF LAKE MARIA, RECORDED AUGUST 14, 1987 AS DOCUMENT NUMBER 87-451802.

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TRUSTEES POWERS

TO HAVE AND TO HOLD the said premises with the appurtenances upon the trusts and for the uses and purposes herein and in said trust agreement set forth.

Full power and authority are hereby granted to said trustee to improve, manage, protect and subdivide said premises or any part thereof: to dedicate parks, streets, highways or alleys; to vacate any subdivision or part thereof, and to resubdivide said property as often as desired; to contract to sell; to grant options to purchase; to sell on any terms; to convey either with or without consideration; to convey said premises or any part thereof to a successor or successors in trust and to grant to such successor or successors in trust all of the title, estate, powers and authorities vested in said trustee; to donate, to dedicate, to mortgage, pledge or otherwise encumber said property, or any part thereof; to lease said property, or any part thereof, from time to time, in possession or reversion, by leases to commence in the present or in the future, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 99 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter; to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals; to partition or to exchange said property, or any part thereof, for other real or personal property; to grant easements or charges of any kind; to release, convey or assign any right, title or interest in or about or easement appurtenant to said premises or any part thereof, and to deal with said property and every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

In no case shall any party dealing with said trustee in relation to said premises, or to whom said premises or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by said trustee, be obliged to see to the application of any purchase money, rent or money borrowed or advanced on said premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into the necessity or expediency of any act of said trustee, or be obliged or privileged to inquire into any of the terms of said trust agreement; and every deed, trust deed, mortgage, lease or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument, (a) that at the time of the delivery thereof the trust created by this Indenture and by said trust agreement was in full force and effect; (b) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder; (c) that said trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument; and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his or their predecessor in trust.

The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings, avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable, in or to said real estate as such, but only an interest in the earnings, avails and proceeds thereof as aforesaid.

And the said grantor(s) hereby expressly waive(s) and release(s) any and all right or benefit under and by virtue of any and all statutes of the State of Illinois, providing for the exemption of homesteads from sale on execution or otherwise.

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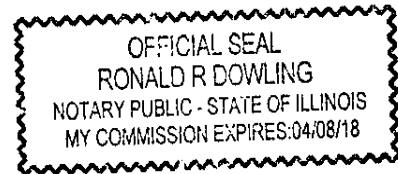
STATEMENT BY GRANTOR AND GRANTEE

The Grantor or his/her agent affirms that, to the best of his/her knowledge, the name of the Grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois Corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

August 8, 2016
DATE

Marianna Notarangelo
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 8th DAY OF August, 2016.



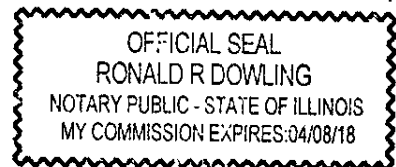
Ronald R Dowling
NOTARY PUBLIC

The Grantee or his/her agent affirms and verifies that the name of the Grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois Corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

August 8, 2016
DATE

Marianna Notarangelo
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 8th DAY OF August, 2016.



Ronald R Dowling
NOTARY PUBLIC

NOTE: Any person who knowingly submits a false statement concerning the identity of a Grantee shall be guilty of a Class C misdemeanor for the first offense and a Class A misdemeanor for subsequent offenses.

[Attached to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Act.]